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# Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11175	
Facility Name:	Santa Paula Hospital	
Address:	825 North 10th Street	
City:	Santa Paula	
Hospital Owner/Lic	ensee: Ventura County	
Year of Re	orting: 2010	
Contact 1 e-mail A	dress:	
Contact 2 e-mail A	dress:	
Contact 3 e-mail Ac	dress::	
Name of Sul	mitter: Dan Hartzell	
Submissio	Date: 1/19/2011 11:05:24 AM	

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Main Building / East & North Addn								
Type of Service Prov	<u>/ided</u>							
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	X Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	13 Inpatient Days 1109	X Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services  X Obstetrical	X Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Plant				

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Build	ing Name: I.C.U. Addition		
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	6 Inpatient Days 468	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  X Obstetrical	Outpatient Surgery
		Total Beds this Building 6	Cesarean/Deliv	Central Plant

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#### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name: Mair	Building / East & Nort	h Addn	
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 30 Bed	Inpatient 4272 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 13 Bed	Inpatient 1109 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	43	13

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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02	Building Name: I.C.U. Addition	n
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatier Bed Days	nt 0 Inpatient 0 Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatier Bed Days	Inpatient 0 Inpatient 0 Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatien Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 6 Inpatient 468 Days	Inpatient 0 Inpatien Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this  Building Per  Unit  Total Beds this  Building Per  Service
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatien Bed Days	6 6

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Building / East & North Addn	
02	I.C.U. Addition	
03	E.R. Addition	
04	Storage Building & Storage Addition	
05	Generator Building	
06	Infectious Waste Sterilizer Bldg	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Ma	ain Building / East &	North Ac	ddn			
Type of Service Provided									
			X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		X	Anesthesia					
	IntensiveCare	<b>;</b>			X	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Ado	.   [	X	Clinical Lab			X	Outpatient	
	escent		X	Radiological/	X	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		~T	Imaging  Pharmaceutical	V	Emergency		Central Plant	
	Obstetrical		X	Filaimaceutical	X	Linergency		Central Flant	
X	Ante/Postprtu	m [		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		_						
	Jaio		X ]	Administration					
	Skilled Nursin	ıg							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	I.C.U.	Addition							
Type of Service Provided											
			X Su	rgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		X An	esthesia				Danal Diahaia			
X	IntensiveCare	_			Ш	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		X Cli	inical Lab		Newborn/		Outpatient Surgery			
	De aldreide			adiological/ aging	Ш	WellBaby		ou.go.y			
	Psychiatric Nursing		_	narmaceutical		Emergency		Central Plant			
	Obstetrical Ante/Postprtu	m _	_			Nuclear		Support			
	·		Die	etetic		Medicine		Services			
	Intermediate Care		Ac	Iministration							
	Skilled Nursin	g									

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Building Number: 01 Building Name: Main Building / East & North Addn										
Configuration:	N/A									
Type of Service Provided										
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis			
	Pediatric/Adol escent	X	Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery			
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant			
	Intermediate		Dietetic		Line.goney	_	Contract			
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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Building Numb	er: 02	Building Na	me: I.C.U. Addition			
Configuration	n N/A					
Type of Ser	vice Provided					
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic		Line.goney	Comun Idin
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number:	03	Building Na	me: E.R. Addition					
Configuration .	N/A							
Type of Servic	Type of Service Provided							
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	obstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
	ntermediate		Dietetic		Lineigonoy	_	Contract fair	
	are killed Nursing		Administration		Nuclear Medicine		Support Services	

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Building Numbe	er: 04	Building Na	me: Storage Building &	& Storage	e Addition		
Configuration .	N/A						
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_	Lineigonoy	_	Comun Idin
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number	er: 05	Building Na	me: Generator Buildii	ng			
Configuration	N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				Comman Idin
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number: 06	Building Name: Ir	nfectious Waste Sterilizer	Bldg		
Configuration N/A					
Type of Service Provided					
Nursing	Surgio	cal	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Anest	hesia	Obstetrical		Renal Dialysis
Pediatric/Adol escent	Clinic	al Lab	Recovery		
Psychiatric Nursing	Radio Imagi	ological/ ing	Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Pharr	maceutical	F		Central Plant
Intermediate	Diete	tic	Emergency		Central Plant
Care	Admir	nistration	Nuclear Medicine	X	Support Services
Skilled Nursing	Admin	i iioti atiOH			

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Building Number: 03	Buildir	ng Name: E.F	R. Addition				
Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient n Beds	0		Pharmaceutical	X Emergency	Central Plant	
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					

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Building Number: 04	Buildir	ng Name: Sto	orage Build	ing & Storage Add	ition	
Type of Service Pro	<u>vided</u>					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this Building		0				

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Building Number: 05 Building Name: Generator Building								
Type of Se	Type of Service Provided							
Nursi	ing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/D	eliv	Rehabilitation Therapy
Intens	siveCare	Inpatient Beds	0		Anesthesia			
Pedia	atric/Adol nt	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery		Renal Dialysis
Psycl	hiatric ing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	etrical Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency		Central Plant
Interr Care	nediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		Support Services
Skille	d Nursing	Inpatient Beds	0		Administration			
Total Buildi	Beds this ing		0					

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Building Number: 06 Building Name: Infectious Waste Sterilizer Bldg							
Тур	e of Service Prov	<u>rided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Status: Data Last Update: 01/19/2011 Submission Date: 01/19/2011 Print Date: 1/20/2011 8:38 AM

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Building Number:	03 Build	ling Name: E.R. Addition		
Medical / Surgical (In	clude GYN)	Acute Respiratory Care	Acute Psychiatric	;
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient 6	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermediate Car	d
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / develo Disabled	pment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 0	0

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Building Number:	04 Build	ling Name: Stora	age Building & Storage A	ddition	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care		Chemical Dependency			Beds this ing Per ce
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	05 Build	ing Name: Gene	erator Building		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	06 Build	ding Name: Infec	ctious Waste Sterilizer Blo	dg	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0